

Case Number:	CM14-0091042		
Date Assigned:	07/25/2014	Date of Injury:	06/22/2005
Decision Date:	04/14/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female, who sustained an industrial injury on June 22, 2005. The diagnosis is scoliosis. A progress note dated May 6, 2014 provides an X-ray and magnetic resonance imaging (MRI) found no dramatic or significant changes. There is spinal fusion L3-4 and L4-5 as well as artificial disc replacement L5-S1. No date of surgery is provided. On June 9, 2014 utilization review non-certified a request for physical therapy of the lumbar spine 3 x 6. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy of the Lumbar Spine 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy for the injured employees lumbar spine condition. However, the stated date of injury is nearly 10 years ago and there was a lumbar spine surgery performed in 2012. The injured employee has participated in physical therapy before and after this procedure. Additionally, this request is for 18 visits. Without justification to revisit formal physical therapy and to exceed the recommended guideline, this request for physical therapy for the lumbar spine is not medically necessary.